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PTO/SB/05 (4/98)  
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|---|--|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No.                      | P3313CIP  |
|   | First Inventor or Application Identifier | Musa Hanhan   |
|   | Title                                    | Method and apparatus for Data-Linking a Mobile Knowledge Worker to Home Communication-Center Infrastructure |
|   | Express Mail Label No.                   | EJ745192300US   |

|  |  |
|--|--|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)   |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 31]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>   |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]   | <b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"><li>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li><li>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</li><li>9. <input type="checkbox"/> English Translation Document (if applicable)</li><li>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li><li>11. <input type="checkbox"/> Preliminary Amendment</li><li>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</li><li>13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)</li><li>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</li><li>15. <input checked="" type="checkbox"/> Other: Check for fees</li></ul> |
| 4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>                                      |  |
| <b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>   |  |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 09, 151,564  
Prior application information: Examiner Not assigned Group / Art Unit: 2742  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |   |           |              |          |              |
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| <b>17. CORRESPONDENCE ADDRESS</b>   |   |           |              |          |              |
| <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below |   |           |              |          |              |
| Name  | Donald R. Boys of Central Coast Patent Agency |           |              |          |              |
| Address   | P.O. Box 187                                  |           |              |          |              |
| City  | Aromas  | State     | CA.          | Zip Code | 95004        |
| Country   | US  | Telephone | 831-726-1457 | Fax      | 831-726-3475 |

|                   |                |                                   |            |
|-------------------|----------------|-----------------------------------|------------|
| Name (Print/Type) | Donald R. Boys | Registration No. (Attorney/Agent) | 35074      |
| Signature         |                | Date                              | 09/24/1999 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

## Certificate of Express Mailing

"Express Mail" Mailing Label Number: **EJ745192300US**

Date of Deposit: **09/24/1999**

Ref: Case Docket No.: **P3313CIP**

First Named Inventor: **Musa Hanhan**

Serial Number: **NA**

Filing Date: **09/24/1999**


Title of Case: **Method and apparatus for Data-Linking a Mobile Knowledge Worker to Home Communication-Center Infrastructure**

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Utility Patent Application transmittal
2. 31 sheets of specification
3. 2 sheets of drawings
4. Declaration and Power of Attorney
5. Fee transmittal
6. Duplicate fee transmittal
7. Check for fees in the amount of \$760.00
8. Certificate of Express Mailing
9. Postcard listing contents

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

654260" See Section 60

|  |  |                    |    |             |    |                      |             |                |    |               |    |                        |          |
|--|--|--------------------|----|-------------|----|----------------------|-------------|----------------|----|---------------|----|------------------------|----------|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin: 5px 0;">Note: Effective October 1, 1997.<br/>Patent fees are subject to annual revision.</p> | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>NA</td></tr> <tr><td>Filing Date</td><td>NA</td></tr> <tr><td>First Named Inventor</td><td>Musa Hanhan</td></tr> <tr><td>Group Art Unit</td><td>NA</td></tr> <tr><td>Examiner Name</td><td>NA</td></tr> <tr><td>Attorney Docket Number</td><td>P3313CIP</td></tr> </table> | Application Number | NA | Filing Date | NA | First Named Inventor | Musa Hanhan | Group Art Unit | NA | Examiner Name | NA | Attorney Docket Number | P3313CIP |
| Application Number   | NA   |                    |    |             |    |                      |             |                |    |               |    |                        |          |
| Filing Date  | NA   |                    |    |             |    |                      |             |                |    |               |    |                        |          |
| First Named Inventor   | Musa Hanhan  |                    |    |             |    |                      |             |                |    |               |    |                        |          |
| Group Art Unit   | NA   |                    |    |             |    |                      |             |                |    |               |    |                        |          |
| Examiner Name  | NA   |                    |    |             |    |                      |             |                |    |               |    |                        |          |
| Attorney Docket Number   | P3313CIP   |                    |    |             |    |                      |             |                |    |               |    |                        |          |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 760.00   |  |                    |    |             |    |                      |             |                |    |               |    |                        |          |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Deposit Account Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17    <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. FILING FEE</b></p> <table style="width: 100%; font-size: small;"> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>101 760</td><td>201 380</td><td>Utility filing fee</td><td style="border: 1px solid black; text-align: center;">760.00</td></tr> <tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td style="border: 1px solid black;"></td></tr> <tr><td>107 540</td><td>207 270</td><td>Plant filing fee</td><td style="border: 1px solid black;"></td></tr> <tr><td>108 790</td><td>208 395</td><td>Reissue filing fee</td><td style="border: 1px solid black;"></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td style="border: 1px solid black;"></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ ) 760.00</td> </tr> </table> <p><b>2. CLAIMS</b></p> <table style="width: 100%; font-size: small;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">10</td> <td>-20 =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>-3 =</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">78</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;"></td> <td>=</td> <td style="border: 1px solid black; text-align: center;"></td> <td></td> <td style="border: 1px solid black; text-align: center;"></td> </tr> </table> <table style="width: 100%; font-size: small;"> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>103 18</td><td>203 09</td><td>Claims in excess of 20</td><td style="border: 1px solid black;"></td></tr> <tr><td>102 78</td><td>202 39</td><td>Independent claims in excess of 3</td><td style="border: 1px solid black;"></td></tr> <tr><td>104 270</td><td>204 135</td><td>Multiple dependent claim</td><td style="border: 1px solid black;"></td></tr> <tr><td>109 82</td><td>209 41</td><td>Reissue independent claims over original patent</td><td style="border: 1px solid black;"></td></tr> <tr><td>110 22</td><td>210 11</td><td>Reissue claims in excess of 20 and over original patent</td><td style="border: 1px solid black;"></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ ) 0.</td> </tr> </table> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$)   | Fee Description | Fee Paid | 101 760 | 201 380 | Utility filing fee | 760.00 | 106 330 | 206 165 | Design filing fee |  | 107 540 | 207 270 | Plant filing fee |  | 108 790 | 208 395 | Reissue filing fee |  | 114 150 | 214 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  | (\$ ) 760.00 | Total Claims | 10 | -20 = | 0 | X | 18 | = | 0 | Independent Claims | 2 | -3 = | 2 | X | 78 | = | 0 | Multiple Dependent Claims | 0 | X |  | = |  |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 18 | 203 09 | Claims in excess of 20 |  | 102 78 | 202 39 | Independent claims in excess of 3 |  | 104 270 | 204 135 | Multiple dependent claim |  | 109 82 | 209 41 | Reissue independent claims over original patent |  | 110 22 | 210 11 | Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  | (\$ ) 0. | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; font-size: small;"> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>105 130</td><td>205 65</td><td>Surcharge - late filing fee or oath</td><td style="border: 1px solid black;"></td></tr> <tr><td>127 50</td><td>227 25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td style="border: 1px solid black;"></td></tr> <tr><td>139 130</td><td>139 130</td><td>Non-English specification</td><td style="border: 1px solid black;"></td></tr> <tr><td>147 2,520</td><td>147 2,520</td><td>For filing a request for reexamination</td><td style="border: 1px solid black;"></td></tr> <tr><td>112 920*</td><td>112 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td style="border: 1px solid black;"></td></tr> <tr><td>113 1,840*</td><td>113 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td style="border: 1px solid black;"></td></tr> <tr><td>115 110</td><td>215 55</td><td>Extension for reply within first month</td><td style="border: 1px solid black;"></td></tr> <tr><td>116 400</td><td>216 200</td><td>Extension for reply within second month</td><td style="border: 1px solid black;"></td></tr> <tr><td>117 950</td><td>217 475</td><td>Extension for reply within third month</td><td style="border: 1px solid black;"></td></tr> <tr><td>118 1,510</td><td>218 755</td><td>Extension for reply within fourth month</td><td style="border: 1px solid black;"></td></tr> <tr><td>128 2,060</td><td>228 1,030</td><td>Extension for reply within fifth month</td><td style="border: 1px solid black;"></td></tr> <tr><td>119 310</td><td>219 155</td><td>Notice of Appeal</td><td style="border: 1px solid black;"></td></tr> <tr><td>120 310</td><td>220 155</td><td>Filing a brief in support of an appeal</td><td style="border: 1px solid black;"></td></tr> <tr><td>121 270</td><td>221 135</td><td>Request for oral hearing</td><td style="border: 1px solid black;"></td></tr> <tr><td>138 1,510</td><td>138 1,510</td><td>Petition to institute a public use proceeding</td><td style="border: 1px solid black;"></td></tr> <tr><td>140 110</td><td>240 55</td><td>Petition to revive - unavoidable</td><td style="border: 1px solid black;"></td></tr> <tr><td>141 1,320</td><td>241 660</td><td>Petition to revive - unintentional</td><td style="border: 1px solid black;"></td></tr> <tr><td>142 1,320</td><td>242 660</td><td>Utility issue fee (or reissue)</td><td style="border: 1px solid black;"></td></tr> <tr><td>143 450</td><td>243 225</td><td>Design issue fee</td><td style="border: 1px solid black;"></td></tr> <tr><td>144 670</td><td>244 335</td><td>Plant issue fee</td><td style="border: 1px solid black;"></td></tr> <tr><td>122 130</td><td>122 130</td><td>Petitions to the Commissioner</td><td style="border: 1px solid black;"></td></tr> <tr><td>123 50</td><td>123 50</td><td>Petitions related to provisional applications</td><td style="border: 1px solid black;"></td></tr> <tr><td>126 240</td><td>126 240</td><td>Submission of Information Disclosure Stmt</td><td style="border: 1px solid black;"></td></tr> <tr><td>581 40</td><td>581 40</td><td>Recording each patent assignment per property (times number of properties)</td><td style="border: 1px solid black;"></td></tr> <tr><td>146 790</td><td>246 395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td style="border: 1px solid black;"></td></tr> <tr><td>149 790</td><td>249 395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td style="border: 1px solid black;"></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td style="border: 1px solid black;"></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td style="border: 1px solid black;"></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ ) 0.</td> </tr> </table> <p style="font-size: x-small;">* Reduced by Basic Filing Fee Paid</p> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 130 | 205 65 | Surcharge - late filing fee or oath |  | 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 130 | 139 130 | Non-English specification |  | 147 2,520 | 147 2,520 | For filing a request for reexamination |  | 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action |  | 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action |  | 115 110 | 215 55 | Extension for reply within first month |  | 116 400 | 216 200 | Extension for reply within second month |  | 117 950 | 217 475 | Extension for reply within third month |  | 118 1,510 | 218 755 | Extension for reply within fourth month |  | 128 2,060 | 228 1,030 | Extension for reply within fifth month |  | 119 310 | 219 155 | Notice of Appeal |  | 120 310 | 220 155 | Filing a brief in support of an appeal |  | 121 270 | 221 135 | Request for oral hearing |  | 138 1,510 | 138 1,510 | Petition to institute a public use proceeding |  | 140 110 | 240 55 | Petition to revive - unavoidable |  | 141 1,320 | 241 660 | Petition to revive - unintentional |  | 142 1,320 | 242 660 | Utility issue fee (or reissue) |  | 143 450 | 243 225 | Design issue fee |  | 144 670 | 244 335 | Plant issue fee |  | 122 130 | 122 130 | Petitions to the Commissioner |  | 123 50 | 123 50 | Petitions related to provisional applications |  | 126 240 | 126 240 | Submission of Information Disclosure Stmt |  | 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) |  | 146 790 | 246 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 790 | 249 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  | Other fee (specify) _____ |  |  |  | <b>SUBTOTAL (3)</b> |  |  | (\$ ) 0. |
|--|----------------------------|--|-----------------|----------|---------|---------|--------------------|--------|---------|---------|-------------------|--|---------|---------|------------------|--|---------|---------|--------------------|--|---------|--------|------------------------|--|---------------------|--|--|--------------|--------------|----|-------|---|---|----|---|---|--------------------|---|------|---|---|----|---|---|---------------------------|---|---|--|---|--|--|--|----------------------------|----------------------------|-----------------|----------|--------|--------|------------------------|--|--------|--------|-----------------------------------|--|---------|---------|--------------------------|--|--------|--------|---|--|--------|--------|---|--|---------------------|--|--|----------|---|----------------------------|----------------------------|-----------------|----------|---------|--------|-------------------------------------|--|--------|--------|---|--|---------|---------|---------------------------|--|-----------|-----------|--|--|----------|----------|--|--|------------|------------|---|--|---------|--------|--|--|---------|---------|---|--|---------|---------|--|--|-----------|---------|---|--|-----------|-----------|--|--|---------|---------|------------------|--|---------|---------|--|--|---------|---------|--------------------------|--|-----------|-----------|---|--|---------|--------|----------------------------------|--|-----------|---------|------------------------------------|--|-----------|---------|--------------------------------|--|---------|---------|------------------|--|---------|---------|-----------------|--|---------|---------|-------------------------------|--|--------|--------|---|--|---------|---------|---|--|--------|--------|--|--|---------|---------|---|--|---------|---------|--|--|---------------------------|--|--|--|---------------------------|--|--|--|---------------------|--|--|----------|
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid        |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 101 760  | 201 380                    | Utility filing fee   | 760.00          |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 106 330  | 206 165                    | Design filing fee  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 107 540  | 207 270                    | Plant filing fee   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 108 790  | 208 395                    | Reissue filing fee   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 114 150  | 214 75                     | Provisional filing fee   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| <b>SUBTOTAL (1)</b>  |                            |  | (\$ ) 760.00    |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Total Claims   | 10                         | -20 =  | 0               | X        | 18      | =       | 0                  |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Independent Claims   | 2                          | -3 =   | 2               | X        | 78      | =       | 0                  |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Multiple Dependent Claims  | 0                          | X  |                 | =        |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid        |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 103 18   | 203 09                     | Claims in excess of 20   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 102 78   | 202 39                     | Independent claims in excess of 3  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 104 270  | 204 135                    | Multiple dependent claim   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 109 82   | 209 41                     | Reissue independent claims over original patent                            |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 110 22   | 210 11                     | Reissue claims in excess of 20 and over original patent                    |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| <b>SUBTOTAL (2)</b>  |                            |  | (\$ ) 0.        |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid        |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 105 130  | 205 65                     | Surcharge - late filing fee or oath  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 127 50   | 227 25                     | Surcharge - late provisional filing fee or cover sheet.                    |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 139 130  | 139 130                    | Non-English specification  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 147 2,520  | 147 2,520                  | For filing a request for reexamination                                     |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 112 920*   | 112 920*                   | Requesting publication of SIR prior to Examiner action                     |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 113 1,840*   | 113 1,840*                 | Requesting publication of SIR after Examiner action                        |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 115 110  | 215 55                     | Extension for reply within first month                                     |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 116 400  | 216 200                    | Extension for reply within second month                                    |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 117 950  | 217 475                    | Extension for reply within third month                                     |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 118 1,510  | 218 755                    | Extension for reply within fourth month                                    |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 128 2,060  | 228 1,030                  | Extension for reply within fifth month                                     |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 119 310  | 219 155                    | Notice of Appeal   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 120 310  | 220 155                    | Filing a brief in support of an appeal                                     |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 121 270  | 221 135                    | Request for oral hearing   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 138 1,510  | 138 1,510                  | Petition to institute a public use proceeding                              |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 140 110  | 240 55                     | Petition to revive - unavoidable   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 141 1,320  | 241 660                    | Petition to revive - unintentional   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 142 1,320  | 242 660                    | Utility issue fee (or reissue)   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 143 450  | 243 225                    | Design issue fee   |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 144 670  | 244 335                    | Plant issue fee  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 122 130  | 122 130                    | Petitions to the Commissioner  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 123 50   | 123 50                     | Petitions related to provisional applications                              |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 126 240  | 126 240                    | Submission of Information Disclosure Stmt                                  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 581 40   | 581 40                     | Recording each patent assignment per property (times number of properties) |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 146 790  | 246 395                    | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| 149 790  | 249 395                    | For each additional invention to be examined (37 CFR 1.129(b))             |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Other fee (specify) _____  |                            |  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| Other fee (specify) _____  |                            |  |                 |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |
| <b>SUBTOTAL (3)</b>  |                            |  | (\$ ) 0.        |          |         |         |                    |        |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |              |              |    |       |   |   |    |   |   |                    |   |      |   |   |    |   |   |                           |   |   |  |   |  |  |  |                            |                            |                 |          |        |        |                        |  |        |        |                                   |  |         |         |                          |  |        |        |   |  |        |        |   |  |                     |  |  |          |   |                            |                            |                 |          |         |        |                                     |  |        |        |   |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |           |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |          |

|                       |  |                |  |                                 |  |
|-----------------------|--|----------------|--|---------------------------------|--|
| <b>SUBMITTED BY</b>   |  |                |  | <b>Complete (if applicable)</b> |  |
| Typed or Printed Name |  | Donald R. Boys |  | Reg. Number                     |  |
| Signature             |  |                |  | 35,074                          |  |
| Date                  |  | 09/24/1999     |  | Deposit Account User ID         |  |